



Public Health

## ENVIRONMENTAL HEALTH DIVISION

### Reconnection Authorization Application

For Reconnection to existing well or septic system

Name\_\_\_\_\_ Phone Number\_\_\_\_\_

Mailing Address\_\_\_\_\_ Zip Code\_\_\_\_\_

Property Location\_\_\_\_\_

Email Address\_\_\_\_\_ Parcel ID \_\_\_\_\_

Lot Dimensions/Acreage\_\_\_\_\_

Year Septic System Installed\_\_\_\_\_ Original Owner\_\_\_\_\_

Number of Bedrooms in Existing Mobile Home/House\_\_\_\_\_

Number of Bedrooms in Proposed Mobile Home/House\_\_\_\_\_

Existing Water Supply: Private Well\_\_\_\_\_ Community Well\_\_\_\_\_

Municipal Water\_\_\_\_\_ Other\_\_\_\_\_

Type of Septic System (if known):

Conventional\_\_\_\_\_ Pumped Conventional\_\_\_\_\_

Low Pressure Pipe\_\_\_\_\_ \*Sandfilter\_\_\_\_\_

Other\_\_\_\_\_

Is Municipal Sewer Line Available? \_\_\_\_\_

**SUBMIT A PLAT OF THE PROPERTY NOTING WHERE EXISTING RESIDENCE IS LOCATED AND WHERE NEW RESIDENCE IS DESIRED.**

**LOCATE THE WELL, DRIVEWAY, OUT BUILDINGS, ETC. ON THE PLAT.**

**ALL PROPERTY LINES AND CORNERS MUST BE PROPERLY MARKED IN THE FIELD PRIOR TO THE ENVIRONMENTAL HEALTH SPECIALIST'S ARRIVAL.**

Sandfilter systems are under the jurisdiction of the N.C. Department of Environment and Natural Resources, Division of Water Quality (919) 571-4700.

**All above items must be completed BEFORE your application may be processed.**

Signature\_\_\_\_\_ Date\_\_\_\_\_